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| Adopted | Rejected |
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COMMITTEE REPORT

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| YES: | 11 |
| NO: | 1 |

MR. SPEAKER:

*Your Committee on Public Health, to which was referred House Bill 1845, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

- 1 Delete the title and insert the following:
- 2 A BILL FOR AN ACT concerning health and to make an
- 3 appropriation.
- 4 Page 1, delete lines 10 through 18, begin a new line block indented
- 5 and insert:
- 6 **"(2) A hospice program (as defined in IC 16-25-1.1-4).**
- 7 **(3) A home health agency licensed under IC 16-27-1.**
- 8 **(4) A health facility licensed under IC 16-28.**
- 9 **(d) There is established the Indiana commission on excellence in**
- 10 **health care.**
- 11 **(e) The commission consists of the following members:**
- 12 **(1) Four (4) members appointed from the house of**
- 13 **representatives by the speaker of the house of representatives.**
- 14 **Not more than two (2) of the members appointed under this**
- 15 **subdivision may be members of the same political party.**
- 16 **(2) Four (4) members appointed from the senate by the**

1 president pro tempore of the senate. Not more than two (2) of
2 the members appointed under this subdivision may be
3 members of the same political party.

4 (3) The governor or the governor's designee.

5 (4) The state health commissioner appointed under
6 IC 16-19-4-2 or the commissioner's designee.

7 (5) One (1) member appointed by the governor who is a
8 former dean or former faculty member of the Indiana
9 University School of Medicine.

10 (6) One (1) member appointed by the governor who is a
11 former dean or former faculty member of an Indiana school
12 of nursing.

13 (7) One (1) member appointed by the governor who is a health
14 care provider or a representative for individuals who have
15 both a mental illness and a developmental disability.

16 (f) The commission shall meet upon the call of the chairperson.

17 (g) The affirmative votes of at least seven (7) voting members of
18 the commission are required for the commission to take any action,
19 including the approval of a final report.

20 (h) The speaker of the house of representatives shall appoint the
21 chairperson of the commission during odd-numbered years
22 beginning January 1. The president pro tempore of the senate shall
23 appoint the chairperson of the commission during even-numbered
24 years beginning January 1.

25 (i) Each member of the commission who is not a state employee
26 is entitled to the minimum salary per diem provided by
27 IC 4-10-11-2.1(b). The member is also entitled to reimbursement
28 for traveling expenses as provided under IC 4-13-1-4 and other
29 expenses actually incurred in connection with the member's duties
30 as provided in the state policies and procedures established by the
31 Indiana department of administration and approved by the budget
32 agency.

33 (j) Each member of the commission who is a state employee but
34 who is not a member of the general assembly is entitled to
35 reimbursement for traveling expenses as provided under
36 IC 4-13-1-4 and other expenses actually incurred in connection
37 with the member's duties as provided in the state policies and
38 procedures established by the Indiana department of

1 administration and approved by the budget agency.

2 (k) Each member of the commission who is a member of the
3 general assembly is entitled to receive the same per diem, mileage,
4 and travel allowances paid to members of the general assembly
5 serving on interim study committees established by the legislative
6 council.

7 (l) The state department of health shall provide staff support to
8 the commission, including preparing minutes, reports, and agendas
9 for the commission, administering per diem, mileage, and travel
10 payments for members of the commission who are not legislators,
11 and reserving rooms for meetings held at state department of
12 health facilities. The legislative services agency shall maintain a
13 mailing list of interested parties, prepare and mail meeting notices
14 of the commission and subcommittees, copy and distribute minutes
15 and reports, reserve rooms for commission meetings held at the
16 state house, and administer per diem, mileage, and travel payments
17 for members of the commission who are legislators. The state
18 department of health and the legislative services agency are not
19 required to provide staff assistance to subcommittees, except that
20 the state department shall make copies of reports and other
21 documents produced or submitted to the subcommittee.

22 (m) Except for duties performed by the legislative services
23 agency, the expenses of the commission shall be paid from funds
24 appropriated to the state department of health.

25 (n) The commission shall study the quality of health care,
26 including mental health, and develop a comprehensive statewide
27 strategy for improving the health care delivery system. The
28 commission shall do the following:

29 (1) Identify existing data sources that evaluate quality of
30 health care in Indiana and collect, analyze, and evaluate this
31 data.

32 (2) Establish guidelines for data sharing and coordination.

33 (3) Identify core sets of quality measures for standardized
34 reporting by appropriate components of the health care
35 continuum.

36 (4) Recommend a framework for quality measurement and
37 outcome reporting.

38 (5) Develop quality measures that enhance and improve the

- 1 ability to evaluate and improve care.
- 2 (6) Make recommendations regarding research and
3 development needed to advance quality measurement and
4 reporting.
- 5 (7) Evaluate regulatory issues relating to the pharmacy
6 profession and recommend changes necessary to optimize
7 patient safety.
- 8 (8) Facilitate open discussion of a process to ensure that
9 comparative information on health care quality is valid,
10 reliable, comprehensive, understandable, and widely available
11 in the public domain.
- 12 (9) Sponsor public hearings to share information and
13 expertise, identify best practices, and recommend methods to
14 promote their acceptance.
- 15 (10) Evaluate current regulatory programs to determine what
16 changes, if any, need to be made to facilitate patient safety.
- 17 (11) Review public and private health care purchasing
18 systems to determine if there are sufficient mandates and
19 incentives to facilitate continuous improvement in patient
20 safety.
- 21 (12) Analyze how effective existing regulatory systems are in
22 ensuring continuous competence and knowledge of effective
23 safety practices.
- 24 (13) Develop a framework for organizations that license,
25 accredit, or credential health care professionals and health
26 care providers to more quickly and effectively identify unsafe
27 providers and professionals and to take action necessary to
28 remove an unsafe provider or professional from practice or
29 operation until the professional or provider has proven safe
30 to practice or operate.
- 31 (14) Recommend procedures for development of a curriculum
32 on patient safety and methods of incorporating the
33 curriculum into training, licensure, and certification
34 requirements.
- 35 (15) Develop a framework for regulatory bodies to
36 disseminate information on patient safety to health care
37 professionals, health care providers, and consumers through
38 conferences, journal articles and editorials, newsletters,

publications, and Internet websites.

(16) Recommend procedures to incorporate recognized patient safety considerations into practice guidelines and into standards related to the introduction and diffusion of new technologies, therapies, and drugs.

(17) Recommend a framework for development of community based collaborative initiatives for error reporting and analysis and implementation of patient safety improvements.

(18) Evaluate the role of advertising in promoting or adversely affecting patient safety.

(19) Evaluate and make recommendations regarding the need for licensure of additional persons who participate in the delivery of health care to Indiana residents.

(20) Evaluate the benefits and problems of the current disciplinary systems and make recommendations regarding alternatives and improvements.

(21) Study and make recommendations concerning the long term care system, including self-directed care plans and the regulation and reimbursement of public and private facilities that provide long term care.

(22) Study any other topic required by the chairperson.

(o) The commission may create subcommittees to study topics, receive testimony, and prepare reports on topics assigned by the commission. The chairperson shall select from the topics listed under subsection (n) the topics to be studied by the commission and subcommittees each year. The chairperson shall appoint persons to act as chairperson and secretary of each subcommittee. The commission shall by majority vote appoint members to each subcommittee. A member of a subcommittee, including a commission member while serving on a subcommittee, is not entitled to per diem, mileage, or travel allowances.

(p) The commission shall submit:

(1) interim reports not later than October 1, 2001, and October 1, 2002; and

(2) a final report not later than October 1, 2003;

to the governor, members of the health finance commission, and the legislative council. With the consent of the chairperson of the commission and the chairperson of the health finance commission,

1 the commission and the health finance commission may conduct
2 joint meetings.

3 (q) The findings, recommendations, evaluations, opinions,
4 investigations, proceedings, records, reports, minutes, testimony,
5 correspondence, work product, and actions of the commission and
6 subcommittees shall be available to the public, but may not be
7 introduced into evidence in any judicial or administrative
8 proceeding against a health care professional or health care
9 provider arising out of the matters that are the subject of the
10 findings of the commission or a subcommittee. However,
11 information that is otherwise discoverable or admissible from
12 original sources is not immune from discovery or use in any
13 proceeding merely because it was presented during proceedings of
14 the commission or a subcommittee.

15 (r) A member of the commission or a subcommittee may not be
16 examined in any judicial or administrative proceeding against a
17 health care professional or health care provider concerning any
18 evidence or other matters produced or presented during the
19 proceedings of the commission or a subcommittee or concerning
20 any findings, recommendations, evaluations, opinions,
21 investigations, proceedings, records, reports, minutes, testimony,
22 correspondence, work product, or other actions of the commission
23 or a subcommittee. However, an individual who testifies before the
24 commission or a subcommittee or who is a member of the
25 commission or a subcommittee is not immune from testifying
26 concerning matters within the individual's personal knowledge in
27 a subsequent judicial or administrative proceeding merely because
28 the individual testified before the commission or a subcommittee.

29 (s) The findings, recommendations, evaluations, opinions,
30 investigations, proceedings, records, reports, minutes, testimony,
31 correspondence, work product, and actions of the commission shall
32 be used as a guide and resource and may not be construed as
33 establishing or advocating the standard of care for health care
34 professionals or health care providers unless subsequently enacted
35 into law or adopted by rule.

36 (t) The findings, recommendations, evaluations, opinions,
37 investigations, proceedings, records, reports, minutes, testimony,
38 correspondence, work product, or actions of the commission or a

1 subcommittee are not admissible as evidence in any way, directly
 2 or indirectly, by introduction of documents or as a basis of an
 3 expert opinion concerning the standard of care applicable to health
 4 care professionals or health care providers in any judicial or
 5 administrative proceeding unless subsequently enacted into law or
 6 adopted by rule.

7 (u) A person who testifies before the commission or a
 8 subcommittee or who is a member of the commission or a
 9 subcommittee may not specifically identify any patient, health care
 10 professional, or health care provider by name. In addition, the
 11 findings, recommendations, evaluations, opinions, investigations,
 12 proceedings, records, reports, minutes, testimony, correspondence,
 13 work product, and actions of the commission or a subcommittee
 14 may not specifically identify any patient, health care professional,
 15 or health care provider by name.

16 (v) In addition to any other funds appropriated to the state
 17 department of health, there is appropriated to the state department
 18 of health from the state general fund:

19 (1) thirty-four thousand four hundred dollars (\$34,400)
 20 beginning July 1, 2001, and ending June 30, 2002;

21 (2) thirty-four thousand four hundred dollars (\$34,400)
 22 beginning July 1, 2002, and ending June 30, 2003; and

23 (3) thirty-four thousand four hundred dollars (\$34,400)
 24 beginning July 1, 2003, and ending June 30, 2004;

25 for personnel services and other operating expenses related to the
 26 operation of the commission.

27 (w) This SECTION expires July 1, 2004.

28 SECTION 2. An emergency is declared for this act."

29 Delete pages 2 through 6.

(Reference is to HB 1845 as introduced.)

and when so amended that said bill do pass.

Representative Brown C